



MUNICIPAL BOARD ALCOHOLIC BEVERAGE CONTROL

1 CITY HALL PLAZA
RAHWAY, NEW JERSEY 07065
Telephone: (732) 827-2080

PROCEDURE FOR TRANSFERS

(Person to Person and/or Place to Place)

1. The ABC application must be submitted in **TRIPLICATE (3 copies)** with all original signatures on each set of forms.
2. \$200.00 check made payable to the City of Rahway (if person to person AND a place to place the amount will be \$400.00).
3. \$200.00 check made payable to the State of New Jersey.
4. **MUST** Complete Bulk Sale Permit. **If purchasing inventory**, a \$75.00 check made payable to the State of New Jersey.
5. Advertise two (2) consecutive weeks in the Home News Tribune or the Star Ledger. The last advertisement cannot be less than five (5) working days prior to the approval - ABC meeting dates can be found on the City of Rahway website. Affidavit of Publication must be sent to the Secretary of the ABC Board.
6. **Everyone whose name appears on the application as an owner on page 10A must be fingerprinted. You must go to the Rahway Police Department Records to obtain the necessary forms.**
7. File a Notification of Sale, Transfer or Assignment form with the New Jersey Division of Taxation.
8. Present Clearance Certificate from New Jersey Division of Taxation. You may contact the Division of Taxation's ABC Licensing Unit at (609) 292-0043 or (609) 826-4400.
9. Copy of New Jersey Sales Tax of Authority Certificate.
10. Sketch of premises to be licensed.
11. Sworn affidavit of intent of present owner to sell.
12. Sworn affidavit of the source of funding for purchase.
13. Sworn affidavit of who is to be responsible for any and all outstanding debts.
14. Obtain necessary Building Permits, Certificate of Occupancy and Food Handlers License from Health and Building Divisions of the Rahway Department of Community Development.
15. A passport size photograph of anyone whose name appears on the license as an owner and/or manager.
16. All items filed in response to the Rahway Police Department Procedure List must be properly labeled, tabbed A- M and submitted in a 3-ring binder. (SEE ATTACHED FROM RAHWAY POLICE DEPARTMENT)
Note: Please be advised that the information required to be submitted in support of the application becomes part of the qualifying investigation procedure to be completed by the Rahway Police Department.
17. After the process listed above is completed and you are approved, a Resolution must be approved by the City of Rahway ABC Board.

Should you have any questions or concerns, please contact Detective Conor McGrath at (732) 827- 2119 /

cmcgrath@rahwaypolice.com or Amanda E. Figueiredo, ABC Board Secretary email afigueirido@cityofrahway.com

LIQUOR LICENSE TRANSFER GUIDE

The following information should only be used as a guide in processing transfer applications. An issuing authority may require additional information prior to considering a transfer application.

- 12-Page Application submitted in **TRIPPLICATE** (all original signatures). **TYPES OF TRANSFERS:** Person-to-Person, Place-to-Place, or Person-to-Person and Place-to-Place.
- 10% of Annual License Renewal Fee for Person-to-Person transfer.
10% of Annual License Renewal Fee for Place-to-Place transfer.
- %20 of Annual License Renewal Fee for both Person-to-Person and Place-to-Place transfers.
- \$200 Check or Money Order payable to:
STATE OF NJ, DIVISION OF ALCOHOLIC BEVERAGE CONTROL
- CONSENT TO TRANSFER (Consent of Sale), *signed by license holder and notarized.*
- Disclosure Statement of applicant (source of funding) for license purchase.
- Federal and State Fingerprint Reports from Police.
- Additional Investigative Report from Police.
- Detailed sketch of premises and proposed licensed area (including photo of outside of premises).
- Affidavit of Publication. Notice of Intent to Transfer, published twice, one week apart, giving the public the opportunity to communicate any objections to the transfer, in writing, to the Clerk of the Local Issuing Authority.
- **BUYER** (Transferee): Certificate of Sales Tax Authority must be submitted and Alcoholic Beverage Retail Licensee Clearance Certificate for Transfer must be obtained by contacting the Division of Taxation's ABC Licensing Unit at 609-292-0043.
- Application for Bulk Sale Permit. If purchasing existing inventory/stock of alcohol of present license holder, completed application must be accompanied by \$75 check made payable to NJ Div. of Alcoholic Beverage Control. No check necessary if not purchasing existing stock, but the form must still be submitted. **COMPLETED FORM MUST BE FILED WITH TRANSFER APPLICATION.**
- Letter from Buyer's Attorney notifying Local Issuing Authority of closing date of license purchase.
- Resolution of Transfer passed by issuing authority. **RESOLUTION CANNOT BE CONTINGENT ON ANOTHER ACTION.** See ABC Bulletin 2473, Item #3 (May 30, 1997).
- License amended to reflect new ownership and generation change/application with appropriate checks forwarded to Director, Division of Alcoholic Beverage Control.

RECOMMENDED FOR TRANSFEEE:

- Disciplinary Background Search - \$25 fee. Requests should be made to the ABC Enforcement Bureau, Division of ABC, P.O. Box 087, Trenton, NJ 08625-0087.
- C.O.D. Matters - To determine if license is on C.O.D., please contact the "Credit Compliance Corporation" at (609) 585-8000.



**MUNICIPAL BOARD
ALCOHOLIC BEVERAGE CONTROL
ONE CITY HALL PLAZA
RAHWAY, NEW JERSEY 07065**

What is a Pocket License/Inactive License and how to Transfer to an Active License Guide

POCKET LICENSE

A pocket license is a license which has been issued but is inactive. The license may be renewed by a municipality for two (2) full license terms beyond the term in which it became) inactive. Following that period, the license may only be renewed after the Director of the Division of Alcoholic Beverage Control approves the renewal following certain strict procedures.

INACTIVE LICENSES

An inactive license is a license that is not currently open and operating in a licensed premises. Whenever a licensed business closes and the license continues to be held by the licensee of record, the licensee must place the license in "inactive status." A licensee must submit pages 1, 2, and 11 of the license application within ten (10) days of the license becoming inactive. (N.J.A.C. 13:2-1.7.) Page 2, Question 2.68, must reflect the last date on which the license was actively used (the "date of inactivity"). The licensee must surrender the license certificate to the issuing authority, and the issuing authority must maintain it as part of the municipal file until the license has been reactivated.

Within ten days (10) of the date the license becomes active, the licensee is required to file an amendment to the application which indicates the date the license became active. This is accomplished by submitting pages 1, 2, and 11 of the license application to the local issuing authority. Page 2, Question 2.6A, must reflect that the license is active and the date the license became active. Upon receipt of the amendment which indicates that the license became active, the issuing authority should return the license certificate to the licensee for display on the licensed premises.

Any time that a licensee ceases business and the license privilege will no longer be sited at the business location, the licensee is required to submit an amended application containing a mailing address to which all correspondence concerning the license will be directed. (N.J.A.C. 13:2-7.2(d).) The mailing address is not required to be located within the issuing municipality's boundaries. Once the amendment is filed, the

license certificate on file should also be amended to reflect the new address. A license which becomes inactive and is no longer sited at a business premises becomes a "pocket" license. **At the time a pocket license is reactivated, the licensee must file an application for a place-to-place transfer of the license so that it may be sited at the new active business address.**

The municipality may renew an inactive or pocket license for two license terms following the date it became inactive (not operating at a place of business). If the license has been inactive for more than two license terms, the licensee must file a petition in affidavit form with the Director (with a copy to the municipality) setting forth what efforts have been made to site the license at an operating place of business and what specific plans are in place for activating the license in the future. The municipality must accept the timely filed application and the fees; however, the license may not be renewed by resolution until a Special Ruling is issued by the Director which authorizes the municipality to renew the license. (N.J.S.A. 33:1-12.39; N.J.A.C. 13:2-43.)

Place-to-Place Transfer

Whenever a licensee wishes to change the place where the license is sited (business location) or to site the license at an operating place of business following a period of inactivity when the license has been "pocketed" (not sited at a business location), an application for a place-to-place transfer must be submitted to the municipal issuing authority. The same procedures apply as were outlined in "Person-to-Person Transfer" except the resolution must state the former business address (mailing address in the case of a "pocket license") and the new approved location. Particular attention needs to be given to distance between premises ordinances, if any, and the statutory prohibition of siting a license within 200 feet of any church or school without a waiver, as mandated in N.J.S.A. 33:1-76.

As in the case of all transfers, the original transfer application and the \$200 State filing fee should be forwarded immediately to the Division when considered complete and accurate by the municipality. The resolution must be forwarded to the Licensing Bureau when enacted by the issuing authority.

A municipality may approve a place-to-place transfer of a license to a location where a building has not yet been constructed as long as plans for the facility have been submitted to the municipal clerk or the local A.B.C Board secretary. Generally, two licenses may not be sited on the same premises. If an application is presented that would place more than one license on the premises, direction should be sought from the Division. (N.J.S.A. 33:1-26.)

If an applicant submits a request for a person-to-person and place-to-place transfer on one application form, the denial of either component constitutes a denial of the whole request. (N.J.A.C. 13:2-7.14.)

After a place-to-place transfer is approved by municipal resolution, the licensee must remove any existing alcoholic beverage inventory from the former location within five (5) days of the effective date of the transfer. If the inventory is to be stored on the premises that is no longer under license or if some other temporary storage accommodation is required, the licensee must apply to the Division for a Temporary Storage Permit. Alcoholic beverages may be stored in a public warehouse that holds a valid Public Warehouse License issued by the Division, providing that the holder of the license is not also the holder of a New Jersey wholesale license. (N.J.A.C. 13:2-23..21.)



City of Rahway Police
One City Hall Plaza
Rahway, New Jersey 07065

Procedure

1. Applicant must contact the **Rahway Police Department**, Detective Bureau, and speak to Detective **Conor McGrath (732) 827-2119**
 2. Applicants must be fingerprinted. Applicants should call to arrange to be fingerprinted by the outside agency. The application is not complete until all person required under the law are fingerprinted and have paid the necessary fee. Finger print checks take a minimum of 8 weeks. There will be a \$100.00 fee payable to the Rahway Police Department for a background check.
 3. Applicant must provide the following information to the police department, Special Investigation Unit:
 - a. Three (3) years tax returns, including all business interests.
 - b. Eighteen months of bank statements on all checking and savings accounts.
 - c. A current photograph.
 - d. A copy of the Contract of Sale.
 - e. A copy of the lease agreement, if applicable.
 - f. A copy of any checks left as deposit money.
 - g. A copy of any application for mortgage, mortgage and notes being held by seller, financial institution or any other party used to purchase the license, licensed business or licensed premises.
 - h. A copy of the floor plan of the building or proposed floor plan.
 - i. Completion of the Rahway Police Department liquor license questionnaires.
 - j. Proof that the purchaser and the seller have applied for the necessary tax clearance requirements with the Division of Taxation.
 - k. A copy of the applicant's New Jersey Sales Tax Certificate.
 - l. Executed Release of Information Authorization.
- ***All items must be placed in a 3 ring binder and labeled with the corresponding letters listed above. Any items not placed in the binder and not properly lettered will be returned back to the applicant.**
4. After receiving the above reference items, a review will be made and additional follow-ups or requests for information may be required. The applicant will be interviewed.
 5. The investigation period depends solely on the applicant's response to the request of information of the **Rahway Police Department**.
 6. Any omission and/or misstatement of fact could result in denial of license application.

(Witness)

(Applicant's Signature)



City of Rahway Police

ONE CITY HALL PLAZA
RAHWAY, NEW JERSEY 07065

Nicholas Breiner
Director of Police

Capt. Shawn Ganley
Chief Law Enforcement Officer

RELEASE AUTHORIZATION

To all courts, Probation Department, Law Enforcement Agencies, Selective Services Board, Physicians, Hospitals, Employee, Education and other Institutions and Agencies without exception, I _____, am making an application for a

ABC APPLICATION Firearms Application Peddlers Taxi Driver

To the City of Rahway and as a result an investigation is being conducted to determine my eligibility. Therefore, you are hereby authorized to release to the Rahway Police Department or its representative any and all information, documentary or otherwise pertaining to me, which they may request.

A photo static copy of this authorization will be considered as effective and valid as the original:

Name: _____

Address: _____

Telephone# _____ Cell# _____

SS# _____ DOB: _____

NJD# _____ Expiration date: _____

Applicants Signature/Date

Witness (City of Rahway Employee/ Date)

YOUR EMAIL ADDRESS _____

Note: Persons who have had their application denied based on information provided by the State Bureau of Identification (criminal history) have the right to challenge the accuracy of the report and will be given an opportunity to correct or completed that record.



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

By IDEMIA

(1) Originating Agency Number (ORI #) NJ0201300		(2) Category ABB	(3) Statute Number 33:1-25		
(4) Reason for Fingerprinting ALCOHOL BEVERAGE LICENSE			(5) Document Type B1	(6) Payment Information \$56.05	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous Service Code 2BZZQK		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address		State	Zip
		City			

Identification Requirement - Acceptable identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/issuing agency), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2011).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_051719_V1, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_051719_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: RAHWAY PD		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_051719_V1



Liquor License Application
Background Investigation
Rahway Division of Alcoholic Beverage Control

Case # _____ Date: _____

Interviewer: _____ Place: _____

Persons Present: _____

Name: _____ Date of Birth: _____

Address: _____

(City)

(State)

(Zip)

Place of Birth: _____ S.S # _____ U.S. Citizen: _____

Occupation: _____ Employer: _____

Position Held: _____ Employer Telephone #: _____

Driver's License # & State: _____ Vehicle Registration #: _____

Home Telephone #: _____ Marital Status: _____

Name of Applicant/Trade Name: _____ Phone #: _____

Address: _____

(City)

(State)

(Zip)

License Number: _____ Type applied for: _____

If applicant is a corporation, state:

Incorporated _____ Date: _____ State: _____

Names and addresses of all officers:

Names and Addresses of all stockholders and Number of Shares held by each:

Attach copies of all shareholder agreements

If applicant is a partnership, state the names and addresses of all partners attach a copy of the partnership agreement.

If applicant is a limited partnership, state the names and addresses of all general partners including officers, Directors and shareholders of all corporate general partners. Also, attach a list with the names and addresses of all limited partners. Also, attach a copy of the limited partnership filing and a copy of the limited partnership agreement

If the applicant is a limited liability corporation, list the names and addresses of all members including the officers, Directors and Shareholders of all corporate members. Attach a copy of the Articles of Organization or the Certificate of Formation filed with the State and an executed copy of the Operating Agreement.

State the consideration that you paid for your interest in the licensed entity and specifically list the source of the consideration.

Purchase Information

When was the liquor license purchased: _____

From Whom: _____
(Name) (Address) (Phone #)

Amount of Purchase: _____

Please Provide a Copy of the Contract

Deposit: _____ How was it paid: _____

Provide Copy of Check

Is the seller holding a note: Yes: ____ No: ____ If so, how much and terms: _____

Provide Copy of Note

Are you borrowing from any financial Institution: Yes _____ No _____

If so, how much and terms: _____

Provide Copy of Bank Loan

Will there be a balance at closing that is coming from a different source other than mentioned above:
Yes: ____ No: ____ (For example, bank account)

If yes, how much and where will that come from: _____

Where did you obtain the money that you invested in the business:

Did you borrow any money, other than mention above: Yes ____ No ____

If yes, from whom?

(Name) (Address) (Phone #)

(Amount) (Terms) **Please Provide Proof or Note**

Do you own any businesses: Yes _____ No _____ If yes, please list business names and locations:

Do you have a personal checking account: Yes: _____ No: _____ **If yes, please provide one (1) year of bank statements**

Do you have a personal savings account: Yes: _____ No: _____ **If yes, Please provide one (1) year of bank statements**

Do you have any outstanding liabilities? Yes: _____ No: _____ If yes, please list below, to include name and address of creditor, account number, monthly payment and outstanding balance:

Will you be using an attorney: Yes _____ No: _____

(Attorney's Name)	(Address)	(Phone #)
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Will you be using an outside accountant/ bookkeeper for the business: Yes _____ No _____

(Name)	(Address)	(Phone #)
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Does anyone owe you money: Yes _____ No _____ If yes, please provide the name, address, phone number and amount owed:

Will all business expenses be paid by check: Yes _____ No: _____ If no, please explain: _____

How did you learn that the liquor license/ business was for sale: _____

Who negotiated the purchase: _____

Who negotiated for the seller, please include name, address and phone number: _____

What did the purchase include:

- Only the liquor license: _____
- The license and property: _____
- The stock: _____

Did you assume any liabilities from the previous owner: Yes _____ No _____ If yes, please state what they are and terms: _____

Will you own or lease the property: _____ If you lease, **please provide a copy of the lease.**

Monthly Rent/Lease: _____ Name and address of the lease holder: _____

Who are the authorized signatories on the business checking account?

(Name)	(Address)	(Phone #)
_____	_____	_____
(Name)	(Address)	(Phone #)

Will the business have any other bank accounts: Yes _____ No _____ If yes, please furnish name, address and account #: _____

Personal Information:

Military:

Branch: _____ Highest Rank: _____ From: _____ To _____
Service # _____ Type of Discharge: _____ Disabled Vet: _____

Education:

High School: _____ Date Graduated/Degree: _____
College: _____ Date Graduated/Degree: _____
Other: _____ Date Graduated/Degree: _____

Residence: Past Ten (10) years:

Address: _____ From: _____ To: _____ Own/Rent _____
_____ From: _____ To: _____ Own/Rent _____
_____ From: _____ To: _____ Own/Rent _____
_____ From: _____ To: _____ Own/Rent _____
_____ From: _____ To: _____ Own/Rent _____
_____ From: _____ To: _____ Own/Rent _____

Employment: Past Ten (10) Years:

Employer: _____ Address: _____
Position: _____ Reason left: _____

Spouse: _____ Date of Birth: _____
(Maiden)
Address (If different): _____
Name and Address of Employer: _____

Spouse's driver license # and State: _____ Place of Birth: _____

Father: _____ Address: _____
Date of Birth: _____ Occupation _____ Deceased: _____
(Where) (When/Where)

Mother: _____ Address: _____
Date of Birth: _____ Occupation _____ Deceased: _____
(Where) (When/Where)

Brother(s) & Sister(s)	Address	D.O.B	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse's family:

Father: _____ Address: _____

Date of Birth: _____ Occupation _____ Deceased: _____
(Where) (When/Where)

Mother: _____ Address: _____

Date of Birth: _____ Occupation _____ Deceased: _____
(Where) (When/Where)

Brother(s) & Sister(s)	Address	D.O.B	Occupation

Have you ever been divorced: _____ If yes, state the name of your former spouse, dates married, date of divorce decree: _____

THE TERM IMMEDIATE FAMILY SHALL MEAN FATHER, MOTHER, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, CHILDREN AND GRANDCHILDREN AND THEIR SPOUSES.

Does anyone in your immediate family have any interest in any other liquor license in New Jersey or any other state: Yes: _____ No: _____ If yes, explain in detail: _____

Are you a member of any law enforcement agency: Yes: _____ No: _____ If yes, give details: _____

Do you have any family members in law enforcement: Yes: _____ No: _____ If yes, give details: _____

Do you, or anyone related to you by blood or marriage, have any past or present interest in any other liquor related business in the State of New Jersey or any other State: Yes: _____ No: _____ If yes, give details: _____

Has your liquor license ever been fined, suspended, or revoked: Yes: _____ No: _____ If yes, please give details: _____

Have you or anyone in your immediate family, ever been denied any type of license related to the alcoholic beverage industry: Yes: _____ No: _____ If yes, give details: _____

Has any member of your immediate family ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this state or any jurisdiction: Yes: _____ No: _____ If yes, answer the following:

Name: _____ Charge: _____ Statute #: _____ Date: _____
Jurisdiction: _____ Disposition: _____

Have you ever been arrested, indicted, charged with or convicted of a criminal or disorderly persons offense in this state or any jurisdiction: Yes: _____ No: _____ If yes, answer the following:

Name: _____ Charge: _____ Statute #: _____ Date: _____
Jurisdiction: _____ Disposition: _____

Have you ever been named as an unindicted party or co-conspirator in any criminal proceeding in this State or in any other jurisdiction: Yes: _____ No: _____ If yes, answer the following:

Agency: _____ Type Proceeding: _____ Date: _____

To the best of your knowledge , have you ever been the subject of an investigation conducted by a governmental investigatory agency for any reason: Yes: _____ No: _____ If yes, state the name and address of the investigatory agency or agencies, the nature of the investigation and the approximate time period during which the investigation was in progress: _____

Have you ever been cited or charged with or formally accused of any violation of a statute, regulation or code of any state, county, municipal, deferral or national government other than a criminal, disorderly persons or motor vehicle violation: Yes: _____ No: _____ If yes, complete the details of fact: _____

Have you ever been a party in a Civil Suit: Yes: _____ No: _____ If yes, complete the details of fact: _____

Do you have any judgment or have you had in the past 5 years any judgment filed or docketed naming you or an immediate family member or any business entity that you had an interest in: Yes: _____ No: _____ If yes, state the office where the judgment was filed together with the filing or docket number. State the reasons for the judgement, state the amount of judgment. If discharged, state date of discharge: _____

Have you or has any business entity in which you held an ownership, interest or served as an officer or director ever filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law: Yes: _____ No: _____ If yes, complete details to include:

Date filed: _____ Court: _____ Name of Business: _____

Date of Discharge: _____ Docket #: _____

Have your wages, earnings or other income been subject to garnishment, attachment, charging order or the like during the past ten (10) year period: Yes: _____ No: _____ If yes, state the name and address of the holder of the obligation and the docket number of any litigation involved: _____

List the names and addresses of the Executor (trix) and all beneficiaries of your Last Will and Testament:

Do you own any life insurance policies on your life or on the life or lives of any members of your immediate family that name, as beneficiary, persons other than family members:

Have you ever been bonded for any purpose or refused or denied any type bond: Yes: _____ No: _____ If yes, explain in detail, including the nature of the bond, the reason for it, the name of the party from whom the bond was obtained and whether such bond has ever been called : _____

Have you ever maintained or do you now maintain a margin account with any securities or commodities dealer: Yes: _____ No: _____ If yes, describe the account giving the names and addresses of the dealer and the amount of the margin:

During the last ten (10) year period, have you sold or purchased a discounted promissory note or other commercial paper: Yes: _____ No: _____ If yes, identify the original obligor, obligee and bearer of said note, the amount of said note and the identity of the factor: _____

Have you or any member of your immediate family filled any claims in excess of \$5,000.00 under any fire, theft, automobile or other insurance policies, within the last ten (10) year period:

Yes: _____ No: _____ If yes, provide for each such claim, the date of claim, the name and address of the insurance carrier with which the claim was filed, the nature of the claim and its disposition: _____

During the past ten (10) year period, have you or has any member of your immediate family received any gift, whether tangible or intangible, in excess of \$3,000.00 in value: Yes: _____ No: _____ If yes, provide for each gift, the name of the donor, a description of the gift, its approximate value and the approximate date on which the gift was received: _____

Have you in the last 10 years received any summons for violations of motor vehicle law of New Jersey or any other state: Yes: _____ No: _____ If yes, state the date of the violation, the nature of the violation, the town and state where it occurred and the disposition: _____

Have you ever engaged in business as a sole proprietor: Yes: _____ No: _____ If yes, state:

- (a) Name Under which operated: _____
- (b) Principal place of business: _____
- (c) Kind of business: _____
- (d) Date commenced: _____
- (e) Is business active: _____
- (f) Where are the books and records located: _____

Have you ever owned any interest in any partnership: Yes: _____ No: _____ If so, give the following:

- (a) Trade Name: _____
- (b) Principal place of business: _____
- (c) Kind of business: _____
- (d) Date partnership was formed: _____
- (e) Is partnership active: _____
- (f) Names and addresses of all partners: _____

- (g) Terms of partnership agreement: _____

- (h) Where are the books and records of the partnership: _____

Have you ever owned any interest in any corporation, limited partnership or limited liability corporation:

Yes: _____ No: _____ If yes, give the following information with respect thereto:

(a) Name of corporation, LP or LLC: _____

(b) Principal place of business: _____

(c) When and where incorporated or formed: _____

(d) Kind of business: _____

(e) Names and address of all officers: _____

(f) Total number of shares of each class of stock issued and outstanding: _____

(g) Names and address of stockholders and number of shares owned by each: _____

(h) What consideration did you give for the shares of capital stock owned by you: _____

Have you or your spouse ever owned any real estate: Yes: _____ No: _____

Description	Date Acquired	Cost	Date Sold	Selling Price
-------------	---------------	------	-----------	---------------

Have you or your spouse borrowed any money from any bank, individual or firm: Yes: _____ No: _____ If yes, give specific details including name of lender, address, loan amount and repayment: _____

Have you ever submitted a statement of your assets and liabilities to any bank, concern or individual:

Yes: _____ No: _____ If yes, to whom and when and **attach a copy**: _____

Have you or your spouse loaned any money to any person or firm: Yes: _____ No: _____ If yes, give specific details including name of borrower, address, loan amount and repayment: _____

Give the following information with respect to all bank accounts, savings and loans, credit unions maintained by you, your spouse and dependent children:

Name of Bank	Name of Account	Type of Account

What was the source of the funds deposited in the names of your spouse and dependent children: _____

Give the following information pertaining to your children:

Name	Sex	D.O.B	Occupation

Give the following information regarding all annuity contracts and life insurance policies issued at any time in the names of or on the lives of yourself, your spouse and your dependent children:

Name of Company	Insured	Face Value	Annual Premium	Type of policy	Date

Have you, your spouse or children ever received any inheritance: Yes: _____ No: _____ If yes, give details: _____

Have you or your spouse ever made application for any type of license or permit, other than a motor vehicle licenses, issued by the State of New Jersey, any other State or the Federal Government in order to engage in professional or business activity: Yes: _____ No: _____ If yes, state the date applied, type of license applied for, name and address of the issuing authority, date license was granted and license number. If license or permit was denied, state the date of denial and reason for denial: _____

Has this license or permit ever been revoked or suspended: Yes: _____ No: _____ If yes, state the dates of the suspension, reason for suspension or revocation. **Attach a copy of Order of Suspension and Revocation and Order of Reinstatement:** _____

License Operation:

Who is the manager for the proposed Business (Name and Address): _____

Is there a management contract: Yes: _____ No: _____ If yes, **attach a copy of contract.**

Will profits be shared with partners and/or stockholders: Yes: _____ No: _____

Will any person associated with the operation of the business receive a bonus, percentage of profits or consultant fee: _____ If yes, list each person with the monetary amount and the reason he/she will receive an amount.

Name:	Address:	Phone #	Amount:	Reason:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your projected gross receipts: Monthly: _____ Yearly: _____

Who will hire and fire the help: _____

Who will order the supplies, including the liquor: _____

Will you have spotters/ bouncers / internal security: _____

Will your books be on a calendar or fiscal year: _____

Will partners/stockholders receive a salary? Yes: _____ No: _____ If yes, how much: _____

Have you ever held a public office: Yes: _____ No: _____ If yes, please provide details: _____

If current office holder, has a letter or abstention been submitted: Yes: _____ No: _____ If no, please explain: _____

Attach copies of the projected monthly revenues and monthly expenses of the business, specifically setting forth all monthly expenses including taxes, utilities, monthly payments on all loans, salaries.

Have you lent any money to the business: Yes: _____ No: _____ If yes, state how much and when also, if any money was returned from the business to you for this loan: _____

Have any of your partners or stockholders loaned any money to the business: Yes: _____ No: _____ If yes, how much and when, also if any money was returned from the business to them for this loan: _____

I do hereby authorize the Rahway Police Department and their agents to receive copies of records and or any information concerning my background, character, accounts at banks and businesses , places of employment, schools, and any other source necessary, for the purpose of the obtaining a liquor license in the State of New Jersey.

Signed: _____

Witness: _____

Notary Seal

Date: _____

Division of
ALCOHOLIC
BEVERAGE
CONTROL

140 East Front Street, PO Box 087, Trenton, NJ 08625-0087

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letter "N/A". Where additional pages are necessary, you may photocopy any part of this application. A complete application is required whenever any of the following is requested:

- New License
- Person-to-Person Transfer
- Place-to-Place Transfer
- Partnership changes (except Limited Partnerships)
- Change of Corporate Structure (of more than 33 1/3% interest)
- Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy
- License Renewal (unless an alternate application is provided by the Division of ABC)
- When required by the Division or the Local Issuing Authority

If you are reporting a change in facts about your license, which does not involve one of the above transactions; complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page.

The original and two copies of the completed application, or pages reporting changes, should be submitted to the BOARD OF ALCOHOLIC BEVERAGE CONTROL SECRETARY of the Municipality which will act on the request. It is the responsibility of the applicant to provide the required copies of the license application. One copy of the application should be returned to the applicant by the Municipality. It should be maintained with other records and available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing with the local issuing authority. A \$200.00 filing fee, in the form of CERTIFIED CHECK or MONEY ORDER – payable to the Division of Alcoholic Beverage Control – should accompany all applications for New License, License Transfer or License Renewals. Local licensing fees are established by the Local Issuing Authority; consult the ABC Board Secretary for information in this regard.



TR#: _____

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
RETAIL LIQUOR LICENSE APPLICATION**

Action ID Code
[] [] [] []
A W D U

FEE: _____

DATE: _____

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

_____-_____-_____-_____
[For DIVISION use only _____]

_____/_____/_____

CODE TYPE OF LICENSE (CHECK ONE)
CLASS C LICENSES [N.J.S.A. 33:1-12]

THIS APPLICATION IS FOR:

- 31 ___ Club
- 32 ___ Plenary Retail Consumption
 w/Broad Package Privilege
- 33 ___ Plenary Retail Consumption
- 36 ___ Plenary Retail Consumption
 (Hotel/Motel Exception)
- 37 ___ Plenary Retail Consumption
 (Theatre Exception)
- 35 ___ Seasonal Retail Consumption
 (November 15 through April 30)
- 34 ___ Seasonal Retail Consumption
 (May 1 through Nov. 14)
- 44 ___ Plenary Retail Distribution
- 43 ___ Limited Retail Distribution
- OTHER**
- 14 ___ Annual State Permit
 (N.J.S.A. 33:1-42, NJAC 13:2-52)

- ___ A New License
- ___ Person to Person Transfer
 (Incl. Partnership change,
 except Ltd. Partnership)
- ___ Place to Place Transfer
 (Including expansion of premises)
- ___ Change of Corporate Structure
- ___ Extension of License (To Executor,
 Receiver, Administrator, etc.)
- ___ Renewal of License
- ___ Amendment of Application of File
- ___ Other _____

This Area is Reserved for Municipal Use

Municipal Fee \$ _____

Effective Date ____/____/____

(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ _____

Date Denied ____/____/____

(As Stated in Resolution)

Refund Amount \$ _____

Special Conditions Attached: ____ Yes ____ No

Type or Print Name (Last name, first, middle initial) of Municipal Clerk or ABC Secretary

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

Application is made on behalf of: _____

- 1 = An Individual
- 2 = Business Corporation
- 3 = A Partnership
- 4 = Unincorporated Club
- 5 = Incorporated Club
- 6 = Limited Partnership

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE NAME"):

(Last Name, First, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address _____

Number Street Name

Municipality _____ Zip _____ - _____

Telephone number of business (_____) _____ - _____
Area Exchange Number

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mailing address: (Insert N/A if not applicable).

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (_____) _____ - _____

2.4 New Jersey Sales Tax Certificate of Authority No. _____

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE NJ SECRETARY OF STATE (If a corporation) OR COUNTY CLERK (If a partnership or sole proprietor):

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICATNS OTHER THAN APPLICANTS FOR A NEW LICENSE:

- A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
____ Yes ____ No
- B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING PLACE OF BUSINESS):
____ / ____ / ____
- C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
____ Yes ____ No

2.7 THE FOLLOWING QUESTIONS AR TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

- A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
____ Yes ____ No
- B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
____ / ____ / ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt, or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS answer question 3.1 only, entering N/A for "not applicable." (If you use N/A as a response to questions 3.1, question 2.2 on Page 2 should also be answered N/A).

3.1 HOW MANY SEPARATE BUILDING ARE TO BE INCLUDED UNDER THIS LICENSE? _____

If more than one building is to be included under this license, a separate page number three is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion, in the State ABC license file.

3.2 BUILDING NO. _____ OF _____ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? _____ Yes _____ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

- 3.4 Basement _____ Yes _____ No All of it _____ Yes _____ No
- 1st floor _____ Yes _____ No All of it _____ Yes _____ No
- 2nd floor _____ Yes _____ No All of it _____ Yes _____ No
- 3rd floor _____ Yes _____ No All or it _____ Yes _____ No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

_____ Yes _____ No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

_____ Yes _____ No

IF ANSWER IS "YES" ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? _____ Yes _____ No

IF "YES", IS THERE A MORTGAGE ON THE BUILDING? _____ Yes _____ No

DOES THE APPLICANT LEASE THE BUILDING? _____ Yes _____ No

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

 (Last Name, First Name, Middle Initial or Corporate Name)
 Street Address _____

 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

 (Last Name, First Name, Middle Initial or Corporate Name)
 Street Address _____

 Number Street Name
 P.O. Box # _____ Municipality _____ State _____
 Zip _____ - _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? _____ Yes _____ No

IF THE ANSWER IS "YES", IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____ Yes _____ No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLE FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____ Yes _____ No (TRANSIT INSIGNIA IS NECESSARY BEFORE BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (ATF F 5630.5) WITH THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS?

_____ Yes _____ No

IF "YES", DATE FILED ____ / ____ / ____

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? _____ Yes _____ No

IF THE ANSWER IS "YES", INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

- | | | |
|-----------------------------|---------------|-----------|
| ___ Restaurant | ___ Applicant | ___ Other |
| ___ Catering | ___ Applicant | ___ Other |
| ___ Hotel/Motel | ___ Applicant | ___ Other |
| ___ Amusements | ___ Applicant | ___ Other |
| ___ NJ Lottery | ___ Applicant | ___ Other |
| ___ Grocery of Delicatessen | ___ Applicant | ___ Other |
| ___ Other (specify) | ___ Applicant | ___ Other |

4.5 IF SOMEONE OTHER THAN ATHE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated _____

Name of company/individual _____
(Last Name, First Name, or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ State _____

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICATION OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

_____ Yes _____ No

If the answer is "Yes", complete the following:

Name of individual _____
Last Name First Middle Initial

Title of position held _____

Name of Employing Agency _____

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? _____ Yes _____ No

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING:

Name of individual _____
Last Name First Middle Initial

Title of office _____

Municipality _____

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLER, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER, OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE, OR OTHERWISE?

_____ Yes _____ No

IF THE ANSWER IS "YES" ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable _____ - _____ - _____ - _____

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

(Last Name, First Name, or Corporate Name)

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?
____ Yes ____ No

IF THE ANSWER TO THIS QUESTION IS "YES", ANSWER THE FOLLOWING:

Type of License or Permit Denied: ____ Retail ____ Wholesale ____ Transportation
____ Warehouse ____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate, if not known) ____ / ____ / ____

Reason for Denial _____

6.2 HAS ANY CORPORATION, PARTNERSHIP, OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?
____ Yes ____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING:

Type of License or Permit Denied: ____ Retail ____ Wholesale ____ Transportation
____ Warehouse ____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate, if not known) ____ / ____ / ____

Reason for Denial _____

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?
____ Yes ____ No

IF THE ANSWER IS "YES" PROVIDE DETAILS OF EACH BELOW (Complete a separate page for each action):

Name of individual _____
Last Name First Middle Initial

DATE OF ACTION ____ / ____ / ____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____
(indicate whether by Div. ABC or identify Local Issuing Authority)

PENALTY CONSISTED OF:
____ FINED \$ _____ NOT RENEWED
____ SUSPENDED _____ REVOKED ____ CANCELLED
(no. of days)
____ OTHER (explain) _____

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
____ Yes ____ No

A. IF THE ANSWER IS "YES", ANSWER THE FOLLOWING:

Name of individual _____
Last Name First Middle Initial

Date of Birth ____ / ____ / ____ Conviction Date ____ / ____ / ____

State _____ Court of jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

B. If applicable, provide the date the Director of NJ Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: ____ / ____ / _____. (No license may be issued without an order from the Director, Division of Alcoholic Beverage Control determining no disqualification or removing disqualification. (See N.J.S.A. 33:1-31.2 and N.J.A.C. 13:2-15).

Provide Agency Docket No. : (NN)-_____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS), OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

_____ Yes _____ No

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S), AND THE NAMES(S) OF THE PERSON(S) OR CORPORATIONS(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License number _____ - _____ - _____ - _____

Name _____
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant _____

B. License number _____ - _____ - _____ - _____

Name _____
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant _____

C. License number _____ - _____ - _____ - _____

Name _____
(Last Name, First, Middle Initial or Corporate Name)

Relationship to applicant _____

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL, BECAUSE OF AGE, CRIMINAL CONVICTION, OR PROHIBITED INTERESTS IN OTHER LICENSES?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name _____
(Last Name, First, Middle Initial or Corporate Name)

Social Security number _____ - _____ - _____ or

NJ Sales Tax Certificate of Authority No. _____

Date of Birth ____ / ____ / ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX, WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW, OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes _____ No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED FOR A HOTEL/MOTEL, AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF N.J.S.A. 33:1-12.20?

_____ Yes _____ No

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (N.J.S.A. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? _____ Yes _____ No

IF THE ANSWER IS "YES", CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL

_____ RESTAURANT _____ BOWLING ALLEY _____ INTERNATIONAL AIRPORT

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _____ - _____ - _____ - _____

8.5 IF THIS IS A REQUEST FOR A PERSON TO PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

(Last Name, First Name, Middle Initial or Corporate Name)

8.6 IF THIS IS A REQUEST FOR A PLACE TO PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES) MARK AN X HERE: _____

IF THIS IS A REQUEST FOR A PLACE TO PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address _____

Number _____ Street Name _____

Municipality _____ New Jersey

Zip _____ - _____

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED, PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice ____ / ____ / ____

Date of second notice ____ / ____ / ____

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice ____ / ____ / ____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR LICENSE?

_____ Yes _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCHISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

_____ Yes _____ No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

_____ Yes _____ No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes _____ No

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING, USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

_____ (Last Name, First Name, Middle Initial or Corporate Name)

Social Security number _____ - _____ - _____ or

NJ Sales Tax Certificate of Authority No. _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

_____ (Last Name, First Name, Middle Initial or Corporate Name)

Social Security number _____ - _____ - _____ or

NJ Sales Tax Certificate of Authority No. _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY, OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR?

_____ Yes _____ No

IF THE ANSWER IS "YES", ANSWER THE FOLLOWING, USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of individual (Last Name First) or Corporation

_____ (Last Name, First Name, Middle Initial or Corporate Name)

Social Security number _____ - _____ - _____ or

NJ Sales Tax Certificate of Authority No. _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY. ANY CORPORATION THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICNESEE COMPANY, THE PARENT CORPORATION OR THE LICENSED COMPANY, HOLDING COMPANY, OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN MUST ANSWER THE FOLLOWING USING SEPARATE PAGE 10 AND 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND 10A FOR EACH CORPORATION.

10.1 Name or corporation _____

10.2 Street address of home office _____
Number Street Name

Municipality _____
State _____ Zip _____ - _____

10.3 NJ Sales Tax Certificate of Authority Number _____

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY, INSERT N/A IF NONE.

Street Address _____
Number Street Name

Municipality _____ New Jersey
Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? ____ Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED ____ / ____ / ____ STATE _____

10.7 CERTIFICATE OF INCORPORATION NUMBER _____

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?

____ Yes ____ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?

____ Yes ____ No

IF THE ANSWER IS "YES", INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date or revocation ____ / ____ / ____
Beginning date ____ / ____ / ____
Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW, OR PROCEEDINGS IN A STATE OF U.S. DISTRICT COURT, MAY BE MADE:

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ New Jersey
Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST, IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete the page in full.

LIMITED PARTNERSHIP: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP)

Name of individual (last name first), stockholder, partner, officer or director:

Form with fields for Last Name, First, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, Social Security number, Date of birth, Home telephone number (Area, Exchange, Number), Office telephone number (Area, Exchange, Number), % of business owned or controlled, Number of shares, and Check position that applies (Sole owner, Partner, Stockholder, President, Vice-President, Secretary, Treasurer, Director, Trustee, Manager, Agent, Executor/Administrator, Receiver, Beneficiary, Other (specify)).

Name of individual (last name first):

Form with fields for Last Name, First, Middle Initial, Home Street Address (Number, Street Name), P.O. Box #, Municipality, State, Zip, Social Security number, Date of birth, Home telephone number (Area, Exchange, Number), Office telephone number (Area, Exchange, Number), % of business owned or controlled, Number of shares, and Check position that applies (Sole owner, Partner, Stockholder, President, Vice-President, Secretary, Treasurer, Director, Trustee, Manager, Agent, Executor/Administrator, Receiver, Beneficiary, Other (specify)).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____

DATE:

State of _____)
County of _____)
SS:

As provided by law (N.J.S.A. 33:1-35),

(Check One)

- 1. The Individual Applicant
2. Members of the Partnership Applicant
3. _____ of _____
(President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics, and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors, or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of fact, and that the contents of this application are true.

(Signature of Individual Applicant / sole proprietor)

(Corporations Only)
Attestation by Corporate Secretary

(Partnership Name)

(Signature of Partner)

Attest: _____
Corporate Name

(Signature of Partner)

Secretary _____
Signature (Signature of Corporate President or Vice President)

(Signature or Partner)

Affix Corporate Seal

(Signature of Partner)

Sworn to and subscribed before me
this _____ day of _____ 2_____.

AFFIDAVIT MUST BE SIGNED HERE ->
BY DULY AUTHORIZED NOTARY PUBLIC
OR AN ATTORNEY AT LAW OF NEW JERSEY

(Signature of Officer Administering Oath)

(Printed Name of Officer Administering Oath)

(Title of Officer Administering Oath)

(Date of Expiration of Commission, if applicable)

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

APPLICATION FOR BULK SALE PERMIT [BSP]

Pursuant to R.S. Title 33, c.1; N.J.A.C. 13:2-23.12, this application must be completed and filed with the Municipal Clerk/A.B.C. Board Secretary with **ALL** Applications for "Person-to-Person" License Transfers. If the new licensee is also purchasing alcoholic beverage inventory, the application must be accompanied by Check or Money Order in the amount of **\$75.00** payable to the Division of Alcoholic Beverage Control.

1. 12-Digit Liquor License No. _____

2. Name of Person (individual, partnership, corporation) to whom the liquor license is to be transferred:

3. Address of licensed premises:

4. Name of former licensee (prior to this "Person-to-Person" Transfer):

5. Is alcoholic beverage inventory being purchased in connection with this license transfer? _____ Yes _____ No

(If answer to Question No. 5 is "Yes," a Check or Money Order in the amount of **\$75.00** **MUST** accompany the application. If the answer is "No," the application should be filed **WITHOUT** the fee.)

Print Name of Applicant

Applicant Phone Number

Signature of Applicant

Date

TO: MUNICIPAL CLERK/SECRETARY OF MUNICIPAL A.B.C. BOARD

This application for a Bulk Sale Permit is to be forwarded to the Division of Alcoholic Beverage Control with the State copy of the Transfer Application or with the Municipal Resolution of Transfer.

Board of Alcoholic Beverage Control City of Rahway, New Jersey

1 City Hall Plaza
Rahway, New Jersey 07065
(732) 827-2172

Consent of Transfer

Gentlemen:

(Name of current license holder)

to whom Plenary Retail _____ License No. _____

expiring June 30 _____ was granted by the Board of Alcoholic Beverage Control
(year)

of the City of Rahway, New Jersey, for premises situated at _____

_____ Rahway, New Jersey, DO HEREBY

(Address of Licenced premise)

CONSENT TO the TRANSFER of said License to _____

(Name of new licensee)

for premises situated at _____ Rahway, N.J.

_____ certify that in connection with this license that there are no
disciplinary proceedings or court action instituted or pending; nor has any penalty been im-
posed effecting the terms and conditions of this license.

Respectfully Yours

Subscribed and Sworn to before
me this _____ day of _____

A Notary Public of New Jersey

Board of Alcoholic Beverage Control City of Rahway, New Jersey

1 City Hall Plaza
Rahway, New Jersey 07065
(732) 827-2172

Notice of Publication

Take notice that application has been made to the Board of Alcoholic Beverage Control of the City of Rahway, New Jersey for (**EXPANSION OR TRANSFER**) of premises.

_____ (name of of applicant)

Trading as _____

(trade name if any)

for premises located at _____

(address of premises to which transfer or expansion is sought)

Rahway, N. J. the Plenary Retail _____

(type of licensee)

License No. _____ heretofore issued to _____

(name of licensee in full)

Trading as _____ for premises located at _____

(No. and Street)

Objections if any should be made immediately in writing to Amanda Esteves Figueiredo,
Secretary of the Board of Alcoholic Beverage Control of the City of Rahway, N.J.

(Name of Applicants)

(Address of applicant)

NOTICE TO APPLICANT

N.J.A.C. 13:2-7.7

PUBLICATION MUST BE ONCE A WEEK FOR TWO WEEKS SUCCESSIVELY, 7 DAYS APART, IT CAN NOT BE ACTED UPON NO LESS THEN 5 DAYS AFTER THE SECOND INSERTION. (EXCLUDING SATURDAY, SUNDAY, LEGAL HOLIDAY)

**Board of Alcoholic Beverage Control
City of Rahway New Jersey**

1 City Hall Plaza
Rahway, New Jersey 07065
(732) 827-2172

Corporate Structure Change

Liquor license # _____

Take notice that on _____ a change
occured in the stockholdings of

(Licensee)

trading as _____
(Trade name if any)

holder of _____ for premises
(Type of license)

located at _____
(No. Street City)

resulting on the following persons, each acquiring one percent or
more of the corporate licensee's stock.

name	residence address
_____	_____
_____	_____
_____	_____

Any information concerning the qualifications of any of the above stockholders
should be communicated in writing to the:
Director, Division of Alcoholic Beverage Control,
CN 087 Trenton, New Jersey 08625



STATE OF NEW JERSEY

**OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

P.O. BOX 087

TRENTON, NJ 08625-0087

PHONE: (609) 984-2830 FAX: (609) 633-6078

WWW.NJ.GOV/OAG/ABC

PHILIP D. MURPHY
Governor

MATTHEW J. PLATKIN
Acting Attorney General

SHEILA Y. OLIVER
Lt. Governor

JAMES B. GRAZIANO
Director

MANDATORY EMAIL NOTIFICATION FORM

PLEASE COMPLETE THE FOLLOWING:

LICENSEE NAME: _____

LICENSE NUMBER: _____

PRIMARY EMAIL ADDRESS: _____

SECONDARY EMAIL ADDRESS: _____





(New) Licensees, (New) Brand Registrants without Access Code

GO LIVE JUNE 4, 2015

Register

If you have not yet created an account, click [here](#) to register.

Once you have selected to register you will be directed to the page below.

Online Registration

Please register online. All fields with asterisks must be filled out in order to proceed. Once you have completed this screen, the system will send a confirmation email with a link to this website where you can confirm your registration.

* Email:

* Confirm Email:

* Password:

* Confirm Password:

Password must:
 - be at least 8 characters
 - contain at least one (1) letter and one (1) number
 - contain at least 1 special character ! # @ \$ ^ + \ [] ~ - /
 - contain at least 1 Upper and 1 Lower case letter

YOUR INFORMATION

* First Name:

* Last Name:

* Phone Number: () -

1. Enter a valid Email address in the Email field.
2. Confirm the Email Address in the Confirm Email field.
3. Enter the desired password in the Password field.
4. Confirm the password entered from the previous step in the Confirm Password field.
5. Enter the first name of the user in the First Name field.
6. Enter the last name of the user in the Last Name field.
7. Enter the user's phone number in the Phone Number field.
8. Answer no to the question "Do you have an Online Access Code", using the radio buttons located to the right of the question.

ARE YOU AN EXISTING LICENSE HOLDER?

Have you received an Online Access Code? If so, answer Yes to the question below and you will be able to enter your code to link your new account to your existing account.

* Do you have an Online Access Code? Yes No

SECURITY QUESTION FOR PASSWORD RESET

The security question is used in case you forget your password. You will need to know the answer to this question in order to regain access to the system.

* Security Question:

* Security Answer:

* Code: Enter the code you see below.



The personal information that you provide on this form and any attachments will be used for communicating with you concerning your application and for billing purposes. It is collected under the authority of Section 123456789 of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. Should you have any questions about the collection of this information, you may contact John Doe at (123) 456-7890.

[Finish Registration](#)

- a. No, continue on with the registration process.
9. Select a security question from the drop down list.
10. Enter the answer to the security question that was selected in the Security Answer field.
11. Enter the code visible in the graphic below the Code field into the Code field.
12. Select "Finish Registration"
 - a. An activation email will be sent to the email address provided during registration, this email will be needed in order to complete registration and activate the account.
13. Click the link that is in the email.
 - a. The link will open a new window
 - b. Put in the password that was used to register the account
 - c. Select the button that says Activate
 - d. From there it will navigate to the home page for the account

Note: Please be aware it is your duty as a licensee and/or brand registrant to keep track of who has access to your license via the online licensing system. If you should sever ties with a specific REPRESENTATIVE it is your duty to inform the Division in writing so appropriate action can be taken to remove unauthorized users.